



INFORMED CONSENT FOR PSYCHOLOGICAL TESTING

DEPARTMENT OF HUMAN SERVICES

MENTAL HEALTH

SFN 136 (2-04)

TO THE CLIENT: Please read the following information about the psychological testing for which you have been referred. Feel free to ask questions about any part of this information which may be unclear to you.

REFERRAL SOURCE: You have been referred for psychological testing by:

PURPOSE OF TESTING: The reason(s) for your referral for psychological testing is/are as follows (only those that are checked apply):

To assist in determining need for treatment at this time

To assist in identifying or clarifying possible problem areas to help with treatment planning (for example, interpersonal, cognitive, substance use, behavior, emotional issues, etc.)

To assist in making recommendations to the Court or Probation Officer for legal disposition

To assist in making recommendations to the Child Protection Team

To assist in determining your eligibility or suitability for a specialized program or service

Other

FEEDBACK OF PSYCHOLOGICAL TEST RESULTS: Your Case Manager, referral source, or the psychologist who conducted the evaluation will meet with you to review any recommendations that affect your treatment or disposition. You may also schedule an appointment with the psychologist who conducted the evaluation if you would like a more detailed report.

I HAVE READ AND I UNDERSTAND THE ABOVE INFORMATION REGARDING THE PSYCHOLOGICAL TESTING FOR WHICH I HAVE BEEN REFERRED.

Signature

Date

Parent, Guardian, or Custodian (If Applicable)

Date